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3308772030

T-353 P.002/003 F-829

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22882 7590 03/31/2005

MARTIN & FERRARO, LLP  
1557 LAKE PINES STREET, NE  
HARTVILLE, OH 44632

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Sandra L. Blackmon (Depositor's name)  
*Sandra L. Blackmon* (Signature)  
April 28, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/047,122	01/15/2002	John I. Shipp	115.0001-00000	9694

TITLE OF INVENTION: INSTRUMENTS AND METHODS FOR USE IN LAPAROSCOPIC SURGERY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	06/30/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
O'CONNOR, CARY E	3732	600-204000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Mark LoGuidice

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Southport, Connecticut

Please check the appropriate assignee category or categories (will not be printed on the patent): ☒ Individual ☐ Corporation or other private group entity ☐ Government

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☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by check # the required fee(s), or credit any overpayment, to Deposit Account Number 50-1068 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Thomas H. Martin*

Date

April 28, 2005

Typed or printed name

Thomas H. Martin

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34,383

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**MARTIN & FERRARO, LLP**  
1557 Lake O'Pines Street, NE  
Hartsville, Ohio 44632

Telephone  
(330) 877-0700

Facsimile  
(330) 877-2030

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**FACSIMILE TRANSMITTAL**

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**TO:****Name:** Mail Stop ISSUE FEE**Firm:** U.S. Patent & Trademark Office**Fax No.:** 703-746-4000**Subject:** U.S. Patent Application No. 10/047,122  
John I. Shipp

Filed: January 15, 2002

INSTRUMENTS AND METHODS FOR USE IN  
LAPAROSCOPIC SURGERY

Attorney Docket No. 121.0001-00000

Customer No. 22882

Confirmation No. 9694

**FROM:****Name:** Thomas H. Martin, Esq.**Phone No.:** 330-877-2277**No. of Pages (including this):** 3**Date:** April 28, 2005**Confirmation Copy to Follow:** No

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**Message:****CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

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Sandra L. Blackmon

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